



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Announced
Date of inspection:	19 October 2023
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0041484

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 19 October 2023	11:30hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
Friday 20 October 2023	08:45hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

This was an announced inspection carried out over two days. The inspector met with residents, residents' relatives, staff and members of the centre's management personnel. As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Fourteen questionnaires were completed and were reviewed by the inspector.

Residents' feedback in the questionnaires was mostly positive and all residents confirmed they were content, felt safe and were well cared for in the centre. However, a number of residents expressed their dissatisfaction with the social activities they could participate in and the opportunities they had to integrate in the local community. Two residents commented that they would like more space in their bedrooms for their belongings.

The majority of residents stated that if they made a complaint, it was responded to without delay and a number of residents gave examples of how their complaints were resolved to their satisfaction. Residents described staff as being 'extremely kind and caring', 'sensitive', 'always happy and ready to assist' and 'have the best interest of residents at their core'. One resident described the centre as being 'home to me and my family'.

There was a generally happy atmosphere in the centre and the inspector observed that staff were for the most part attentive and responsive to residents needs. Most residents preferred to spend their day in the sitting rooms on the ground and first floors. However, the inspector found the atmosphere in the two communal areas were quite distinct. Residents using the ground floor sitting and dining rooms were observed to sit and chat together in a pleasant social environment however in contrast the atmosphere in the sitting and dining rooms on the first floor, was quieter with less interaction observed between the residents. Furthermore while staff were available to the residents in the sitting room on the first floor, residents sometimes had to wait until these staff were available to respond to their needs for assistance.

The social activities scheduled were tailored to meet all residents needs including dog therapy, reflexology, arts and crafts and a live music session in the afternoon. Residents' social activities schedule was displayed and included arts and crafts and a tea party on the first day of the inspection. On the second day, a musician attended the centre and spent time in the sitting rooms on both floors playing an accordion and singing for residents. The music session was interactive and some residents were clearly enjoying the music. However, the inspector observed that there was a number of residents with cognitive impairment who remained in the same space in the sitting rooms throughout the day and did not receive sufficient support to participate in activities that were appropriate to meet their needs for social

stimulation and their capacities. This observation was particularly evident in the sitting room on the first floor.

In addition, some residents told the inspector that although they enjoyed going out with their families they did not otherwise have opportunities to go out into the local community. This feedback concurred with what a number of residents and their families said in the pre-inspection questionnaires reviewed by the inspector.

The communal rooms on both floors were observed to be decorated in a comfortable and homely style. A secure outdoor garden area with a variety of shrubs and plants was available to residents and contained outdoor seating for residents' use. The access doors to the enclosed garden were off the sitting room on the ground floor and were unlocked and accessible to residents who could go out into the garden as they wished.

The inspector observed that hand sanitising stations were located throughout the centre. However, hand washing sinks to support clinical hand hygiene by staff that were convenient to residents' bedrooms were not available. This meant that the sinks in residents' bedrooms and communal bathrooms/toilets were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff. While a sink was available in the treatment room on the ground floor, it did not meet recommended clinical hand-wash sink guidelines. This posed a risk of cross contamination and did not support effective hand hygiene procedures.

The inspector observed that the centre was mostly well maintained and other than the residents' smoking room on the first floor was adequately ventilated. The inspector observed that paint was damaged and missing on doorframes into residents' bedrooms. The corridors on one side of the premises were narrower and storage of assistive equipment at the junction of the corridors hindered and impacted on residents' safe access along these corridors. The inspector also observed that storage of linen skips in communal shower/toilets reduced the area in these rooms for residents' access.

Residents' bedrooms were observed to be bright, nicely decorated and most bedrooms contained suitable furniture for residents. However, the layout of a twin bedroom on the first floor was not suitable to meet the needs of two residents if it was used for twin occupancy. Although there were two beds in this bedroom, only one resident was accommodated in this bedroom at the time of this inspection. This is discussed further under the quality and safety section in the report.

The inspector observed residents' lunchtime meal and saw that most of the residents preferred to go to the dining room to eat their meals. Mealtimes were observed to be a social and unhurried occasion for many of the residents, especially on the ground floor. The dining room on the first floor was smaller and residents in this dining room did not interact as much with each other. The inspector observed that residents were provided with a varied diet and they said that they could have alternatives to the menu offered if they wished. Mealtimes were facilitated in the dining rooms located on both floors. Some residents preferred to eat their meals in their bedrooms or the sitting rooms and their preferences were facilitated. The

inspector observed that there was sufficient staff available at mealtimes. Staff provided discreet assistance to meet residents' individual as necessary. Residents told the inspector that the food was 'good', 'very varied menu', 'quality of the food is excellent' and the the food provided is 'perfect'.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had submitted an application to renew the centre's registration. The inspector also followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in December 2022. The inspectors found that the provider had taken some action to address the findings on the previous inspection. However, compliance had not been sustained in a number of regulations and non-compliances were repeated in Regulations 16: Training and Staff Development, 17: Premises and 9: Residents' Rights.

Although this inspection found that there was established governance and management structures in place, improved oversight by the provider was necessary to ensure effective delivery of care in accordance with the centre's statement of purpose.

The registered provider of Moate Nursing Home is Mowlam Health Care Services Unlimited Company. The management structure identified distinct lines of authority and responsibility and consisted of a board of directors, one of whom was assigned to represent the provider entity, a person in charge, a healthcare manager, a director of care services and a clinical nurse manager.

The person in charge and clinical nurse manager management team oversaw the day-to-day work of the staff nurses, health care assistants, activity staff, catering and cleaning staff and maintenance staff. The person in charge had senior support from a healthcare manager and a director of care services at a regional level and benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance available within the Mowlam Health Care Group.

The provider had systems in place to monitor the quality and safety of the service which included an auditing system that reviewed a range of key areas of the service with quality improvement plans devised from the issues identified. These quality improvement plans were risk rated and reviewed at the regular management meetings. However, some audits that had been completed since the last inspection

had not identified all areas that required improvement and, as a consequence this was impacting on the quality and safety of the service provided to residents.

The provider had agreed the terms and conditions of each resident's residency in the centre but the fees to be paid by residents was not clearly stated in some of the contracts reviewed by the inspector.

The inspector reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and found that the provider had failed to ensure that there were adequate staff with appropriate skills available to ensure that all residents had equal access to meaningful activities to meet their interests and capacities. This was validated by the inspector's observations on the day and their review of residents' records.

The provider had a staff training programme in place and all staff had attended up-to-date mandatory training in fire safety, safe moving and handling procedures and safeguarding residents from abuse. The provider had also ensured that professional development training was available to staff to ensure they had the necessary up-to-date skills and knowledge to meet residents' needs. However, actions were required to ensure staff were adequately supervised to ensure residents' care plans and daily care records were completed to a high standard to ensure residents care needs were communicated effectively and that care delivered was recorded and monitored to ensure that residents received care and support in line with their assessed needs and preferences.

Residents' views were valued and residents were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2022. Complaints received were recorded, investigated and managed in line with the centre's complaints policy.

Policies and procedures, as required by Schedule 5 of the regulations were up-to-date and available to staff.

Records that must be maintained and available in the centre were in place, complete and were held securely. A directory of residents was maintained and referenced each resident's details as required.

#### Regulation 14: Persons in charge

The person in charge was appointed in May 2021 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant



## Regulation 15: Staffing

The numbers of staff available was not adequate to meet the needs of residents. This was evidenced by the following findings;

- There was one member of staff available to provide activities and entertainment for 50 residents who had a range of needs and preferences for social engagement and meaningful occupation. The inspector observed that there were no staff available to facilitate activities for those residents with more complex cognitive needs who were unable to participate in the group activities available in the sitting rooms on the day. The inspector was not assured that these residents had equal access to meaningful activities and social engagement.
- Staff were not present for prolonged periods of time in the sitting room on the first floor to respond to residents' needs for assistance. This was validated by feedback from residents and the inspector's observations on the day of the inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to promote the care and welfare of all residents. This was evidenced by the inspector's findings and observations on the day including;

- inconsistent supervision of residents in the sitting room on the first floor.
- failure by staff to respond and appropriately manage a resident's responsive behaviours
- poor standards of residents' care documentation.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The Directory of residents was up to date and was made available to the inspector for review. Arrangements were in place for keeping the directory of residents up-to-date. The directory of residents contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

Management and oversight systems in place were not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated Centres for Older People) Regulations 2013 and ensuring that residents' care and services were delivered in line with the centre's statement of purpose. This is evidenced by the number of non-compliances found on this inspection.

The provider had not ensured that sufficient resources were provided to ensure that there was adequate and appropriate storage facilities for residents' assistive equipment in the centre.

The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness and residents' quality of life. For example, disparities between the high levels of compliance reported in the centre's own care plan audits did not reflect the inspector's findings during the inspection.

The inspector also found that risks were not identified and managed to ensure residents' safety and well-being. For example:

- Oversight of the fire safety measures in the centre to ensure emergency exit routes were kept clear of obstruction was not effective
- The provider had failed to obtain final sign-off by a person competent in fire safety to ensure that all fire safety improvement works as identified in their fire safety risk assessment had been completed to the required standard and were in compliance with relevant legislation.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

While, the registered provider had an agreement in writing with each resident regarding the terms and conditions of their residency in the centre, some of the residents' contracts made available for review by the inspector did not reference the nursing home fee to be paid by the resident.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with recent legislative changes. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose document.

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated and the outcome was communicated to complainants without delay. Agreed actions to address the issues raised were implemented.

Residents knew who they could talk to if they had a complaint and also that they could access advocacy services to support them if needed.

An appeals process was in place if a complainant was not satisfied with the outcome of the investigation of their complaint.

All complaints were reviewed as part of the centre's governance and management process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures as specified in Schedule 5 of the regulations were updated within the last three years and were available to staff. Additional policies and procedures to those set out in Schedule 5 of the regulations had also been prepared, adopted and implemented by staff.

Judgment: Compliant

## Quality and safety

Residents nursing and health care needs were mostly met to a satisfactory standard. However, improved standards of clinical oversight was necessary to ensure residents' care documentation was kept up-to-date and maintained to a standard that adequately informed their care needs and the interventions staff must provide for them.

Although most residents enjoyed a good quality of life and had opportunity to participate in the social activities available in the centre, those residents with higher levels of cognitive impairment did not have adequate opportunities to participate in a suitable and meaningful social activity programme. Residents in Moate Nursing home were charged an additional weekly fee to participate in the social activities programme.

While residents' rights were mostly respected, residents rights to privacy and choice in one twin bedroom could not be assured due to the layout of this room.

Residents' needs were comprehensively assessed on admission including any potential risks such as falls risk and skin integrity risks. However, following the initial assessment of needs and potential needs there was no ongoing assessment reviews to ensure any newly developing needs were addressed without delay. In addition this inspection found that some care plans were not up to date and did not effectively guide safe and appropriate care. Furthermore, improvements were required to ensure all prescribed care from specialist practitioners was written into the residents' care plan, communicated to staff and implemented in care practices. The inspector's findings are discussed under Regulations 5: Individual assessment and care plan and Regulation 6 Healthcare.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre as they wished.

Residents had timely access to their general practitioners (GPs) but not all residents were assessed following a fall by the physiotherapist who attended the centre each week. The provider ensured residents had access to chiropody, dietician, speech and language therapy, the optician and dental services as needed. Residents were also supported to attend out-patient appointments as scheduled.

With the exception of one twin bedroom, the layout of the premises met residents' needs and other than painting and repairs needed in a small number of areas, the residents' living environment was well decorated in a traditional style that was familiar to the residents in the centre. Communal sitting and dining room facilities for residents' use were available on both floors. Access between the floors was facilitated by a passenger lift and a stairs.

The provider had ensured that infection prevention and control measures were in place and these were monitored by the management team. The inspector identified examples of good practice in the prevention and control of infection and care provided in a clean and safe environment that minimised the risk of transmitting a healthcare-associated infection. Alcohol hand gel dispensers and personal protective equipment (PPE) were also readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. However, some further actions by the provider were necessary to ensure that the centre was in compliance with Regulation 27: Infection control.

Residents were facilitated to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. There was evidence that residents' feedback was welcomed and their suggestions were used to identify improvements in the service and their suggestions were used to identify improvements in the service.

While staff took a positive and supportive approach with most residents who presented with responsive behaviours, this was not demonstrated regarding care and support provided for one resident. This finding was promptly addressed by the provider and assurances that this resident's needs were being appropriately addressed were forwarded following the inspection.

Practices in place reflected the National Restraint Policy guidelines and there was evidence of regular assessment of need and trialling of alternatives to minimise restrictive equipment used. There were no full-length bedrails in use and residents' access within the centre and to a safe outdoor area was not restricted.

Residents had access to televisions, radios and newspapers. Residents were well supported to practice their religious faiths and were facilitated to attend daily Mass in the centre.

The provider had fire safety measures and procedures in place to ensure residents were safeguarded from risk of fire. Works were in progress to upgrade the fire doors on residents' bedrooms at the time of this inspection. However further assurances were required regarding residents' supervision in the event of a fire emergency evacuation in the centre. The inspector's findings are discussed under Regulation 28 in this report.

While, the provider had measures in place to safeguard residents from abuse and residents confirmed that they felt safe in the centre, a number of staff did not demonstrate an awareness of their reporting responsibilities and the reporting

structures in the centre. Robust procedures were not in place to ensure residents were protected from abuse while an alleged incident was being investigated.

### Regulation 10: Communication difficulties

Each resident's communication needs were regularly assessed and a person-centred care plan was developed to meet their needs which ensured that they were appropriately supported to communicate freely. Some residents had communication aids to support their hearing and vision and staff were aware of residents' individual needs and ensured that their assistive equipment was made available to them.

Judgment: Compliant

### Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were provided with adequate storage space for their belongings and could access and maintain control of their personal possessions and clothing. Residents' clothing was laundered on the premises as necessary and their clothes were returned to them without delay.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of one twin bedroom on the first floor occupied by one resident on the day of this inspection did not ensure that the needs of two residents could be met. This was evidenced by the following;

- there was not enough space for either resident to rest in a chair by their beds or elsewhere in the room without restricting the other resident's access.
- needs of residents in this bedroom for assistive equipment to transfer in and out of bed could not be met as the space available between the beds did not allow
- ease of access for a hoist or for either bed to be pulled away from the wall to allow staff access, without disturbing the other resident and encroaching into their bed space.

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas:

- the inspector was informed that there was a planned painting schedule to maintain paint works in the nursing home. However, the inspector found that paint was damaged/missing on the doorframes into a number of residents' bedrooms. This meant that these surfaces could not be effectively cleaned.
- grab rails were not in place on both sides of the toilets in a number of residents en-suite facilities. This finding posed a risk of fall to residents and did not ensure their independence was promoted.
- the inspector was not assured that the residents' smoking room was adequately ventilated and that smoke was adequately contained as there was a strong smell of cigarette smoke in the corridor between the residents' sitting room and the residents' smoking room on the first floor. This is a repeated finding from the last inspection.

There was insufficient storage space available for residents' assistive equipment and as a result hoists and a weighing chair were stored at the junctions of the corridors in two locations on the first floor. This posed a risk of injury to residents passing by this equipment, prevented their access to handrails in these areas and posed a risk of obstruction in the event of emergency evacuation of residents being necessary. Used linen segregation trolleys were stored in two communal shower rooms. This reduced the space available to residents in these rooms and posed a risk of cross infection. This is a repeated finding from the last inspection.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Although, fluid intake was recorded for residents at risk of dehydration, assurances were not adequate that residents' hydration needs were effectively monitored to ensure their fluid intake met the amount recommended to maintain their health and wellbeing. For example, records over a six day period showed that one resident's fluid intake was significantly less than the amount of fluid intake recommended to meet their needs over this time. There was also no evidence that staff had taken

appropriate action to address the low fluid intake to ensure the resident took the recommended fluids to maintain their health.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- a urinal and bedpan storage rack was placed directly on a sink draining area in addition to urinals. The inspector was unable to confirm if the urinals were placed on the sink prior to or post decontamination. This posed a risk of cross contamination.
- a hand washing sink was not available in the treatment room on the first floor. This finding did not support effective hand hygiene by staff involved in providing clinical treatments to residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions to ensure residents' safe evacuation in the event of a fire in the centre. This was evidenced by;

- the records available referencing simulated evacuation drills did not clearly address supervision of residents post evacuation to ensure their safety. From a review of residents' personal emergency evacuation plans (PEEPs), the inspector identified that 12 residents had supervision needs identified post their evacuation.
- storage of residents' assistive equipment on corridors on posed a risk that residents' safe evacuation would be obstructed in the event of a fire in the centre. This obstruction in corridors to the fire exits was not identified in the daily checks carried out to ensure fire exit routes were clear of obstruction.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan



Residents' assessment and care plan documentation did not provide assurances that each resident's needs were comprehensively assessed and their care plans provided clear direction to staff regarding the care interventions they must complete to meet residents' needs. This was evidenced by the following findings;

- While, comprehensive assessments were completed on each resident's admission, a number of residents' records reviewed confirmed that ongoing assessments and reviews were not comprehensive and did not ensure that residents' emerging needs would be identified promptly.
- The recommendations made for a number of residents care by the dietician, speech and language therapist and physiotherapist was not accurately detailed in their care plans. This finding posed a risk that these specialists' recommendations would not be clearly communicated to all staff to inform their care of residents.
- The care plan in place to meet the needs of a resident with diabetes and on insulin therapy did not detail the parameters their blood glucose levels should be maintained within. This information was required to inform the resident's insulin administration and wellbeing.
- A number of the residents' care plans reviewed stated that they needed to change positions frequently to reduce their risk of developing pressure related skin damage. However, the frequency with which repositioning should be completed was not stated in the residents care plans and records were not available to reference position changes. This finding did not provide adequate assurances that management of residents' skin integrity was effective and a number of residents had developed pressure ulcers in the centre.
- The strategies to support one resident experiencing responsive behaviours as detailed in their behaviour support care plan were not been implemented by staff.
- One resident with two wounds, each with different treatments as recommended by the tissue viability nurse specialist, did not have separate care plans developed detailing the care procedures that must be completed by staff for each wound. Furthermore, an assessment of each wound was not documented each time a dressing procedure was completed by staff. This meant that up-to-date information was not available regarding wound healing.

Judgment: Not compliant

## Regulation 6: Health care

A number of residents were not reviewed by the physiotherapist following a fall. A physiotherapist attended the centre twice weekly and this service was paid for by residents as part of an additional weekly fee charged to them and detailed in their contracts.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A small number of residents experienced responsive behaviours and most of these were well supported. However, the inspector was not assured that one resident's responsive behaviours that were posing a risk to their health and wellbeing were being effectively managed. Further to review of this resident's responsive behaviour support care plan, the inspector observed that staff were not implementing the effective strategies as detailed in their care plan to support this resident and to effectively de-escalate their behaviours.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector was not assured that the provider had taken all reasonable measures to protect residents from abuse. This was evidenced by the following findings

- While staff training records and staff spoken with confirmed that all staff had attended up-to-date training in safeguarding residents from abuse, staff spoken with by the inspector did not demonstrate their responsibility to report an allegation of abuse.
- Although not substantiated, there was insufficient assurances available that adequate measures were put in place to safeguard residents during investigation of an alleged incident of abuse.

Judgment: Not compliant

### Regulation 9: Residents' rights

The arrangements in place to provide meaningful activities and recreation for a number of residents did not ensure that residents with significant cognitive impairment in the sitting room on the first floor and residents who did not attend the sitting rooms on each floor a daily basis had access to meaningful occupation and social engagement in line with their needs and preferences. This finding was especially evident in the sitting room on the first floor where residents were observed to have little to do in terms of meaningful activities that interested them.

Residents' privacy and dignity rights were negatively impacted by the layout of a twin bedroom on the first floor. For example;

- The privacy curtains were positioned closely around the residents' beds and as one side of one bed of each of the two beds was placed against the wall, this did not allow for staff or residents to move freely within the bedspace. As a result the inspector was not assured that the space available and the layout of this bedroom would ensure residents' privacy during transfer into and out of bed or during personal care activities.

Residents' rights to exercise their choice in their bedrooms was impacted by the following;

- The provision of one television set in one twin bedrooms did not afford each resident with personal choice regarding their television viewing and listening. Furthermore, televisions provided in a number of residents' bedrooms had small screens and residents told the inspector that this hindered their comfortable viewing. The inspector was told by a member of the centre's management personnel that a programme was in place to upgrade these televisions but a completion date was not available.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0041484

Date of inspection: 20/10/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• A full-time activity coordinator is in place to provide activities to residents and there is a schedule of varied activities for both floors. An individual activity plan has been developed for each resident based on their choices and abilities, and activity staff will ensure residents are facilitated to engage in meaningful activities in accordance with their preference.</li> <li>• The Person in Charge and CNM will ensure that each day the supervision of the dayrooms is provided by a designated Healthcare Assistant (HCA) who will ensure that the health and wellbeing of residents in the dayroom are addressed.</li> <li>• The activity coordinator will liaise with the HCA assigned to supervise and provide activities on the first floor and will assist and guide this HCA to undertake meaningful activities as per the activity schedule for each day.</li> <li>• We will introduce an online application that can be used to supplement the range of activities available to residents, including those residents with more complex cognitive needs who may be unable to participate in the group activities available in the sitting rooms. Specifically designed to meet the social care needs of residents in long-term care, this app includes interactive communications and updates from families and friends as well as a wide range of individual and group activities, games and interesting historical and topical stories to be enjoyed by all residents who wish to participate. The app will support the work of the activities coordinator and designated HCAs, and a record of resident participation and engagement will be maintained.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- The PIC will improve the consistency of resident supervision in the dayrooms and will ensure that the staffing level is always in line with the residents' assessed care needs and dependency levels.
- The PIC and CNM will assign a designated HCA for dayroom supervision on the first floor who will positively engage with residents, assisting and facilitating them to participate in varied activities of their choice.
- All staff in the centre will receive education and training in care of persons with dementia, including the management of challenging behaviours which will ensure that staff have a greater insight and understanding of how to recognize the triggers for responsive behaviours and how to identify and implement appropriate measures and techniques to de-escalate the behaviours, reducing resident stress, anxiety and agitation.
- All residents who have responsive behaviours will have an individualised assessment and care plan which will identify the triggers and de-escalation techniques to be used when addressing such behaviours and an evaluation of the de-escalation measures, which will lead to a consistent approach by all staff. The care plan will be developed in line with the centre's policy on management of responsive behaviours and in consultation with the GP and Psychiatry of Later Life service and input from the resident and their designated care representative as appropriate.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- We will provide sufficient and appropriate storage facilities for residents' equipment and assistive devices within the centre.
- The Healthcare Manager (HCM) will provide targeted education and training for the PIC, CNM and staff nurses on effective and transparent auditing. The HCM will provide guidance and oversight until there is assurance that the audit tools accurately reflect the standards. The PIC will develop, implement and evaluate effective quality improvement plans where non-compliances are identified during audits.
- Training and guidance on effective care planning has been scheduled for all nursing staff in January 2024.
- All staff have had refresher awareness sessions to highlight the need for careful observation of all fire exits, making sure they are never obstructed and taking appropriate action to remove any items causing an obstruction; this will ensure that all exit routes are uncluttered and clear in the event of an emergency requiring evacuation of the nursing home.
- We will designate a staff health and safety representative who will receive training on awareness of health and safety in the workplace.
- A daily checklist of fire exits has been commenced to ensure that no equipment is stored in the corridor that could hinder resident evacuation in the event of an

emergency.

- A fire safety risk assessment was undertaken in August 2023. The Report identified that all items should be addressed to achieve compliance within 6 months. Accordingly, there is a schedule in place to address all required actions by 29/02/2024, and confirmation of completion to the required standard in compliance with relevant legislation will then be signed by the Fire Consultant at that time.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- The contract of care has been reviewed and is now compliant with requirements, including details of any fees to be paid by the resident to the nursing home.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The Facilities Manager will undertake a review of the layout of the twin room to re-orientate the beds, furniture and privacy screens, ensuring that the space available to each occupant is equitable and that there is no disturbance to either resident when accessing or exiting the room.
- The PIC will conduct a risk assessment to ensure that the room is appropriate for any potential occupants and that their care needs can be safely and effectively met without difficulty. We will not admit residents to this room who require hoists for transfer or the use of assistive or specialised equipment that would encroach on the space of the other resident. We will ensure that both residents of this twin room are happy to share with each other.
- We will relocate the residents' smoking area to the exterior of the building by 31/03/2024. This will have the benefit of eliminating the odour of cigarette smoke from the centre and will also facilitate the provision of additional storage space for residents' assistive equipment.
- Equipment has been removed from the corridor so that handrails are accessible at all points, which will reduce the risk of resident falls or injury.
- Linen trolleys have been relocated to an appropriate storage area in the home.
- The ongoing schedule of routine maintenance work and painting of the bedrooms and door frames continues, and the plan for painting doors and door frames will be prioritized and will be completed by maintenance personnel so that they can be effectively cleaned.
- To promote the residents' independence, we will risk assess all en-suite toilets and



those that require additional grab rails will have them installed by 31/03/2024. Priority will be given to any rooms where residents have been assessed as a falls risk.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The PIC will ensure that when a resident requires the oral fluid intake to be monitored, this will be accurately recorded and monitored to ensure they receive the recommended amount of fluid each day. There is a system in place to record the food and fluid intake chart which will be closely monitored by the CNM and nurse on duty. If there are concerns with a resident's ability to maintain the recommended oral fluid intake, the nurse will refer the resident for a medical review.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The urinal storage rack on the ground floor sluice room will be changed to a rack with an attached tray to prevent the drainage of water to the wash area by 31/01/2024.
- A plan will be developed to relocate the clinical treatment room on the first floor with adequate clinical hand washing facilities by 31/03/2024.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The supervision of residents following an evacuation drill will be recorded on the evacuation drill template.
- The CNM and PIC will identify staff members to supervise residents following the evacuation drill and the need for post-evacuation supervision will be recorded in residents' PEEP assessments.
- The corridors and fire exit doors have been cleared of all inappropriate items and staff will monitor the corridor areas to ensure that they remain clear. If there are obstructions noted, these will be recorded in the daily checks and highlighted to the Health & Safety

Committee and Health & Safety representative so that a quality improvement plan can be developed and implemented to prevent recurrence of this issue. Storage of items required by residents in the nursing home has been discussed under regulation 17 (Premises) and will be addressed as outlined.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The PIC will oversee the completion of comprehensive assessments of all residents on admission to the nursing home. The care plans will be developed on the basis of these validated assessments and in consultation with the resident and their designated representative/family member as appropriate. They will be thoroughly reviewed at least every 4 months or when there are any changes in the residents' condition.
- Training for nurses in assessment and care plan development is scheduled for 11/01/2024 and a named nurse system is in place to ensure the care plans are updated at least every 4 months or as indicated by any change in resident's condition.
- The recommendations of the MDT will be clearly laid out in the resident's care plan so that staff are guided to implement the recommended measures.
- The CNM and PIC will audit the care plans to ensure the care plans reflect residents' actual needs and any recommendations from the multidisciplinary team or GPs will be outlined in the care plan.
- For residents with diabetes, the resident's care plan will be reviewed, and a detailed care plan will be developed to reflect the resident's desired blood sugar levels to evaluate the effectiveness of diabetic management.
- The CNM and PIC will oversee the pressure area care management of residents to ensure appropriate measures are in place to assess skin integrity, prevent occurrence of pressure-related skin damage, and staff practices of repositioning residents in conjunction with use of pressure-relieving measures are in line with the resident's care plan.
- All staff have attended training on the management of challenging/responsive behaviors and dementia care, and the CNM and PIC will ensure the specific person-centred strategies to manage individual responsive behaviours are being implemented by staff.
- PIC and CNM will ensure that where there are issues with skin integrity, a wound assessment is completed each time the dressing is changed so that there is always a status update record of the most recent progress of the wound. The CNM has undergone a wound management training course in October 2023.
- The PIC and CNM will ensure that a separate skin integrity care plan is in place for residents with multiple wounds to ensure the treatment plans for each wound is implemented effectively.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The PIC and CNM will ensure that a repeat falls assessment is carried out after each fall and the physiotherapist will review all residents who have fallen. An audit of falls will be carried out by PIC/CNM on a quarterly basis to examine contributory factors and to assess whether the physiotherapist's post-falls recommendations have been implemented.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• All residents with responsive behaviours have a focused care plan in place to manage their challenging behaviours. The PIC and CNM will ensure that the care plan accurately describes the individual triggers for responsive behaviours for individual residents as well as outlining the recommended de-escalation techniques to defuse the responsive behaviours and reduce the resident's agitation and anxiety. Such behaviours will be reviewed in line with the Antecedent, Behaviour, Consequences (ABC) chart to identify any triggers and the pattern of responsive behaviours.</li> <li>• All staff have attended training on how to manage responsive behaviours and the residents care plans are available for reference to all clinical staff providing care to the residents.</li> <li>• The CNM and PIC will ensure the specific strategies and the de-escalation plan as outlined in residents care plan are effectively implemented to ensure the residents' care needs are met.</li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• All staff have completed training in safeguarding and protection of residents from abuse on a yearly basis.</li> <li>• The policy on identification and reporting of any form of abuse is being reviewed by all staff during the training to ensure that they understand their role if they become aware</li> </ul>	

of an allegation or suspicion of abuse.

- Any incidents or complaints that include any allegation or suspicion of abuse or neglect or omission will be addressed as a safeguarding incident and an interim safeguarding plan will be developed for the resident during the course of investigation.
- Safeguarding incidents will be investigated in line with the company's safeguarding policy and will be notified in accordance with legislative requirements.
- The Healthcare Manager, Quality & Safety will conduct a Safeguarding Workshop to ensure staff at all levels, including management, understand their roles and responsibilities in recognising, reporting, escalating, investigating, informing/notifying appropriate people and agencies, and implementing quality improvements and safeguarding plans to prevent recurrence.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- An activity care plan is in place for each resident based on their preferences and a weekly activity schedule is in place in each dayroom.
- The activity coordinator will ensure that the residents on the first floor are assisted by a designated HCA who will facilitate and attend activities on a daily basis.
- The CNM and staff nurse will ensure that residents are encouraged to attend and participate in the dayroom activities on each floor and the residents who wish to remain in their bedrooms are given one-to-one time by the activities coordinator and/or an identified HCA.
- An online application that will supplement activities will be introduced to the home.
- A programme to replace the television in the bedrooms according to residents' preference has commenced. A second television with suitable listening devices will be installed in the twin rooms. Televisions in general are replaced as they fail. All rooms will be risk assessed and upgraded televisions provided as required.
- The Facilities Manager will review the orientation and layout of the twin bedroom as described under regulation 17 (Premises).

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	31/03/2024

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	29/02/2024

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	31/01/2024

	persons in the designated centre and safe placement of residents.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/01/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/01/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2024
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably	Substantially Compliant	Yellow	31/01/2024



	practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/01/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	29/02/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Substantially Compliant	Yellow	31/03/2024

	choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2024